PTC/SB/BZ (U9-03)
Approved for use through 11/S0/2005. OMB 6651-0035
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Application Number	09/837,757

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	09/837,757
Filing Date	04/17/2001
First Named Inventor	David J. Kinsella
Art Unit	2635
Examiner Name	Vernal U. Brown
Attomey Docket Number	15-1

I hereby revoke all previous powers of attorney given in the above-identified application.								
☐ A Po	wer of Attorney	ls submitted he	rewith.					
OR  I hereby appoint the practitioners associated with the Customer Number:					nber:	23354		
Please change the correspondence address for the above-identified application to:								
	The address ass Customer Numb	ociated with er:		23354				
OR								
☐ Firm of Individ	or dual Name			•				
Addrese		_			-,			
Address								
City				State		Zip		
Country								
Telephone				Fax				
I am the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name	David J. Kinsella							
Signature	Vari	Kin	cella		,			
Date	September 20, 201	34 /		Telephone	612-261-3627	······································		
NOTE: Signatures of all the invantors or sasigness of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.								
Total	of forms	are submitted.		<del></del>	<u> </u>			

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 market to complete gettering, preparing, and examining the completed application form to the USPTO. Time will vary depending upon the implyidual same. Any comments on amount of time you require to complete the form analyst suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Partent and Thiodemark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Partents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need east/tance in complating the form, call 1-800-PTO-9189 and outsid option 2.